BAH-00656409 IP5-00173894
Baby Of MUTTAMPETH LIKITHA
16-05-2026 0 Y 1 M 6 D (M)
Dr. NALINIKANTA PANIGRAHY

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name ..... Signa

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REGULAR PRESCRIPTIONS

Weight. .... Ward. ....

DRUG : SYP CAFFIENE				Date / Time	23/6	24/6	25/6
Dose	Route	Frequency	Start Date				
0.5ml	PO	OD	30/5				
Name & Signature of the Doctor Starting the Drugs: Dr Aishwarya				6Am	[signature]	[signature]	[signature]
Additional Instructions: + 5mg/kg/day 1ml = 20mg							
Daily Doctor's Endorsement by a Sign							

Change dose [signature] 25/6

DRUG : SYP OSSOPAN-D				Date / Time	23/6	24/6	25/6	26/6	27/6	28/6	29/	30/6	1/7	2/7	3/7	4/7
Dose	Route	Frequency	Start Date													
2ml	PO	TDS	16/6	6Am	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr Aishwarya				2pm	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	
Additional Instructions: 75mg/kg/Day 5ml = 120mg				10pm	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	

(V) [signature] (margin note)

DRUG : HMF SACHET				Date / Time	23/6	24/6	25/6	26/6
Dose	Route	Frequency	Start Date		✓	✓	✓	✓
	PO	each feed	17/6		✓	✓	✓	✓
Name & Signature of the Doctor Starting the Drugs: Dr Aishwarya					✓	✓	✓	✓
					✓	✓	✓	
Additional Instructions: 1 sachet each feed					✓	✓	✓	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	[signature]	[signature]

Changed [signature]

DRUG : FUROPED DROPS				Date / Time	23/6
Dose	Route	Frequency	Start Date		
0.1ml	PO	Q12H	20/6	6Am	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr Aishwarya				6pm	STOP [signature] 23/6
Additional Instructions: 0.5mg/kg/dose					
Daily Doctor's Endorsement by a Sign					[signature]

16-05-2026 ...AMPETH LIKITHA 0 Y 1 M 7 D (M)
Dr. NALINIKANTA PANIGRAHY

Weight. ..... Ward. .....

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/6/24	9pm	CAFFEINE CITRATE	10mg/kg	ORAL		
~~25/~~						
27/6/24	2Am	~~STOP~~ DROPS FURDSEMIDE	0.5mg/kg 1mg.	PO	Sneha	

VERIFIED BY : Name ..... Signature .....

Patient Sticker

I.V. FLUIDS CHART

Weight. ..... Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

VERIFIED BY : Name ..... Signature .....

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : BUDECORT NEB

Dose	Route	Frequency	Start Dt.
	Neb	BD	20/6

Name & Signature of the Doctor Starting the Drugs: Dr Ashwaryc

Additional Instructions: ½ ampule (0.25mg)

Date/Time: 23/6 24/6 25/6 26/6 27/6 28/7 29/6 30/6 1/7 2/7 3/7

STOP. Parent 3/7

Daily Doctor's Endorsement by a Sign

DRUG : DROFEROT DROPS

Dose	Route	Frequency	Start Dt.
	PO	OD	21/6

& Signature of the Doctor ...g the Drugs: Ashwaarye

...itional Instructions: 3mg/kg/day 1ml = 10mg

Date/Time: 23/6 24/6 25/6 27/6 28/6 29/6 30/6 1/7

change dose 3/7

Daily Doctor's Endorsement by a Sign

DRUG : 3% NaCl

Dose	Route	Frequency	Start Dt.
0-5ml	P.O	each feed	23/06

Name & Signature of the Doctor Starting the Drugs: Dr. Neethu

...ditional Instructions: 2 mEq/kg/day.

Date/Time: 23/6 24/6

DOSE changed 21/06/26

...y Doctor's Endorsement by a Sign

...G : FUROPED DROPS

...e	Route	Frequency	Start Dt.
...ml	P.O	24 hrly FOOD	23/6

...e & Signature of the Doctor ...rting the Drugs: Dr. Neethu

Additional Instructions: 0.5mg/kg/dose.

Date/Time: 24/6 25/6 26/6

Change dose 26/6

Daily Doctor's Endorsement by a Sign

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Baby Of MUTTAMPETH LIKITHA
16-05-2026 0 Y 1 M 7 D (M)
Dr. NALINIKANTA PANIGRAHY

REGULAR PRESCRIPTIONS

Weight 2 kg. Ward .....

Dose	Route	Frequency	Start Dt.	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : ~~FUROPED DROPS~~

Dose	Route	Frequency	Start Dt.	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : 3% NaCl

Dose	Route	Frequency	Start Dt.	Date / Time 24/6	25/6
1.8ml	PO	Each feed	24/6	✓	✓
				✓	✓
				✓	
				✓	
				✓	
				✓	
				✓	
				✓	

Name & Signature of the Doctor Starting the Drugs: Sai

Additional Instructions: 5meq/kg/day

Daily Doctor's Endorsement by a Sign

5 Frequency Changed Rupinali 25/06/26

DRUG : 3% NACL

Dose	Route	Frequency	Start Dt.	Date / Time 25/6	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7
2.5ml	PO	Each feed	25/6	✓	✓	✓	✓	✓	✓	✓	✓	✓
				✓	✓	✓	✓	✓	✓	✓	✓	✓
				✓	✓	✓	✓	✓	✓	✓	✓	✓
				✓	✓	✓	✓	✓	✓	✓	✓	✓
				✓	✓	✓	✓	✓	✓	✓	✓	✓
				✓	✓	✓	✓	✓	✓	✓	✓	
				✓	✓	✓	✓	✓	✓	✓	✓	
				✓	✓	✓	✓	✓	✓	✓	✓	

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 2.5 ml each feed 5meq/kg

Daily Doctor's Endorsement by a Sign

Discharged

Docu. No. : RCHBH /FRM / CLINICAL / 108

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 2.15 kg Ward ....

V Caro of

DRUG: SYR. CAFFEINE				Date/Time	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7
Dose	Route	Frequency	Start Dt.										
0.8ml	P.O	24 hrly	25/6	6AM	[illegible]	[illegible]	[illegible]	[illegible]	Navya	Navya	Nandhan	[illegible]	Anaitha
Name & Signature of the Doctor Starting the Drugs: Dr. Neethu													
Additional Instructions: 1ml = 20mg; 7.5 mg/kg/day													
Daily Doctor's Endorsement by a Sign					Sri	Sri	Sri	[illegible]	[illegible]	[illegible]	[illegible]	Prasanth	

V Caro of

DRUG: FUROPED DROPS				Date/Time	26/6	27/6
Dose	Route	Frequency	Start Dt.			
1.25ml	P.O	BD	26/6	6AM	X	[illegible]
Name & Signature of the Doctor Starting the Drugs: Dr. Neethu				6pm	[illegible]	
Additional Instructions: 1ml = 10mg; 0.6 mg/kg/dose						
Daily Doctor's Endorsement by a Sign						

change dose 27/6.

Take 0.2ml of Furoped drops + 1.8ml DW → (2mg = 2ml) → Give 1.25

DRUG: HMF Sachet				Date/Time	26/6	27/7	28/6	29/6	30/6	1/07	2/7
Dose	Route	Frequency	Start Dt.		✓	✓	✓	✓	✓	✓	✓
	P/o	Each feed	26/6		✓	✓	✓	✓	✓	✓	✓
Name & Signature of the Doctor Starting the Drugs: Sai					✓	✓	✓	✓	✓	✓	
Additional Instructions: mix 2 sachets in 50ml EBM then give 40ml now, cont next feed					✓	✓	✓	✓	✓	✓	✓
Daily Doctor's Endorsement by a Sign					Sri	Sri	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

STOP 2/7/26 Dr. Nalini

DRUG: FUROPED DROPS				Date/Time	27/6	28/6	29	30/6	1/7	2/7	3/7	4/7
Dose	Route	Frequency	Start Dt.									
0.1ml	P.O	TID	27/6	6AM	X	Navya	[illegible]	Navya	Navya	Nandhan	[illegible]	Anaitha
Name & Signature of the Doctor Starting the Drugs: Dr. Neethu				2PM	[illegible]	Sruthi	[illegible]	[illegible]	[illegible]	[illegible]	Sri	
Additional Instructions: 1ml = 10mg; 1.5 mg/kg/day				10PM	Navya	[illegible]	Navya	[illegible]	Nandhan	[illegible]	Anaitha	
Daily Doctor's Endorsement by a Sign					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Prasanth	Sri

VERIFIED BY Signature

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Sheet No

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : ZINCOVIT DROPS

Dose	Route	Frequency	Start Dt.
0.5ml	PO	OD	2/7

Date / Time: 2/7 — 10pm; 3/7

Name & Signature of the Doctor Starting the Drugs: Dr Aishwarya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : OROFER XT DROPS

Dose	Route	Frequency	Start Dt.
0.5ml	PO	OD	2/7

Date / Time: 2/7 — 6pm; 3/7

Name & Signature of the Doctor Starting the Drugs: Dr Aishwarya

Additional Instructions:
2mg/kg/dose
1ml = 10mg

Daily Doctor's Endorsement by a Sign

DRUG : VITAMIN D3 drops

Dose	Route	Frequency	Start Dt.
0.5ml	PO	OD	3/7/26

Date / Time: 3/7, 4/7 — 10AM

Name & Signature of the Doctor Starting the Drugs: Dr Poojitha

Additional Instructions:
1ml = 800IU

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name .... Signature ....